



Group Insurance
Commission

BENEFITS
For All Seasons

FOR YOUR

BENEFIT

Published quarterly by the **GROUP INSURANCE COMMISSION**
for active and retired employees of the Commonwealth of Massachusetts

Jane Swift, Governor

Dolores L. Mitchell, Executive Director

Summer 2001

For the Little Worries and The Big Ones GIC Enrollees Now Have Free LifeBalance® Benefit

Whether you just had a baby and need help finding childcare, your roof is leaking, or you need help evaluating nursing home care, the GIC's newest benefit can assist. Effective July 1, all GIC enrollees have access to the LifeBalance® benefit. This free program, provided through Unum®, the GIC's new life insurance carrier, gives confidential telephone support and assistance for issues such as:

- Buying and leasing cars
- Home repairs
- Marriage and family issues
- Attorney issues
- Addiction and recovery
- Adoption, child care and backup care
- Selecting a school
- Living arrangements for older adults

In addition to web and telephone support, GIC enrollees can schedule up to three face-to-face counseling sessions per year with qualified professions. The LifeBalance® Program does not however replace the mental health, substance abuse, or EAP benefits that you have under your GIC health plan.

Access this program round-the-clock: 1-800-854-1446 (language translations and TTY available) or by Internet at www.lifebalance.net. Enter "lifebalance" as your ID and Password to access web-based benefits.

Inside This Issue of FYB:

- GIC Welcomes New Commissioner
- Retiree Dental/Vision Plan Update
- Planning to Retire? Take Care of Yourself - Plan Ahead for the Life Style Transition
- Apply for \$2500 Scholarship
- Just the Facts on Buckling Up

Expanded GIC Web Site Is Here!

Click On www.state.ma.us/gic

The GIC's expanded web site recently was launched! GIC's new site gives you tools to help you learn about health issues and to discover more about your GIC benefits:

- Take charge of your health by reading GIC's health articles and clicking on helpful health-related links
- View and print past issues of *For Your Benefit* and GIC's Annual Report
- View and print GIC's Active and Retiree/Survivor Benefit Decision Guides - a key GIC benefit resource for new employees and retirees
- Access all GIC plans along with other helpful resources
- Find out what the GIC is — no we're not the indemnity plan, the GIC Indemnity Plan is just one of the plans we offer!

Coming in July - answers to common questions including retirement, leaving state service, life insurance, family status changes, Medicare GIC benefits, and more. *Take a tour of GIC — click on GIC's web site anytime — www.state.ma.us/gic.*



Over 11,000 people attended this year's GIC Health Fairs. GIC Health Fairs were held at 19 locations throughout the state to assist enrollees during annual enrollment.

Apply for \$2500 Scholarship

Tufts Health Plan, the administrator of the Commonwealth PPO, is sponsoring two \$2500 scholarships for children of current active or retired Massachusetts state employees. If you have a child covered under **ANY** GIC family health plan, we encourage you to get your student to apply. Please submit the application, two essays, his or her most recent college transcript, and a letter of recommendation by Friday, July 20. They must meet the following eligibility criteria. (GIC employees are not eligible):

- Undergraduate student currently enrolled in a two or four-year public or private college or university
- Children of current active or retired Massachusetts state employees covered under their GIC family plan - indemnity, PPO, or any GIC HMO
- Minimum GPA of 3.0
- Demonstrated interest in a career in public service, preferably with a health care focus
- Scholarship recipient's parent must still be a Massachusetts state employee, retiree, or surviving spouse at the time of award

Scholarships will be awarded in August. For an application, have your student send a self-addressed stamped envelope to: Group Insurance Commission, Attention Scholarships, PO Box 8747, Boston, MA 02114-8747. Or visit GIC's web site at www.state.ma.us/gic.

Free Eye Care Program for Diabetics with Medicare

Diabetes can lead to eye diseases that cause eventual blindness. Detecting eye disease early can ward off debilitating results. Almost 35,000 Medicare beneficiaries in Massachusetts have diabetes. However, a large proportion do not have regular eye exams as a part of a routine diabetes maintenance program.

The American Academy of Ophthalmology (AAO) and American Optometric Association (AOA) have teamed up to offer a program to help avoid blindness associated with diabetes. Their program, called National Eye Care Project, is for diabetics age 65 or older with Medicare. It offers medical and surgical eye care to financially disadvantaged seniors. The program provides medical eye care to all seniors who have not had an eye exam in the last three years. There is no cost to participants; both the deductible and co-payments are waived. Eligible participants receive:

- A comprehensive medical eye exam
- One year of treatment for any condition diagnosed at the initial visit
- No out-of-pocket expense with Medicare coverage

The AOA has also set up a Diabetes Hotline to match patients with participating optometrists in the area where they live. *For more information about the NECP, call 1-800-222-EYES (3937). For the Diabetes Hotline call 1-800-262-3947.*

GIC Welcomes Henri Rauschenbach to Our Commission



The GIC recently welcomed Henri Rauschenbach to our Commission. Mr. Rauschenbach is the Undersecretary of Administration and Finance.

Henri Rauschenbach, Undersecretary of Administration and Finance, joined the Commission in April as the official designee for Stephen P. Crosby, Secretary of A & F. As the State Senator for the Cape and the Islands for six terms, Mr. Rauschenbach served as the ranking Republican on the Senate Ways and Means Committee, was member of the Health Care Committee, and has had extensive involvement with health care-related issues such as the Senior Pharmacy Program. Not only does he bring a wealth of experience to the Commission, but health care is a topic in which he is particularly interested.

"Health care is an issue that's on everyone's mind," says Mr. Rauschenbach. "It's one of the largest issues that the administration and legislature is, and will continue to be, involved in. The GIC is in the center of this storm. The GIC plays a key role as an innovator and provider. The GIC is on the cutting edge of a variety of issues that focus on the polarities of the industry - enhancing quality and access while keeping costs affordable." We welcome Mr. Rauschenbach's expertise in furthering our mission.

Letters to the Editor



"I would like to express my thanks to the GIC and UniCare staff who are always willing to help with any question I might have. I just completed my third surgery in 26 months and I haven't had any problems with medical bills not covered by Medicare. Also, a special thanks to Health Educator Eileen who has been most helpful in making my last two surgeries bearable. Keep up the great work GIC."

B. Cardillo, Kingston, MA

"This year's edition (of the Benefit Decision Guide) is one of the best I've ever seen. The GIC did a splendid job and is to be commended for a job well done. It is user friendly and an excellent edition."

N. Mele, Pittsfield, MA.

"I wish to express my heartfelt thanks to GIC. My husband passed away three years ago and though he didn't leave a pension, I feel he has left me so well off by being able to stay with GIC. GIC took care of all his medical bills and my own. Thanks to all who work so hard to keep a great (agency) going."

M. Kinnon, Malden, MA

"The (GIC Health) fairs are always very beneficial. This year's annual enrollment materials/information are clear and well presented as usual. I appreciate the new features - the worksheet, the new benefits. Good to know that someone is at the helm who is always looking for better programs."

B. Dulac, Director of Human Resources,
Worcester Housing Authority.



GIC Commissioner, Chrystene Zarazinski, Council 93, AFSCME, AFL-CIO, reviews annual enrollment information with a GIC enrollee. The GIC's Deputy Director, Bob Johnson, is in the background.



Neighborhood Health Plan Representatives answer questions at the State House GIC Health Fair.

"I think your op-ed page is a terrific idea. I agree that both Merck (previous) and Express Scripts were and are both a pleasure to deal with. Now to the inescapable monetary aspect of the high cost of prescription drugs. Before this contract we paid \$6 and \$18 per prescription. Now we pay \$10 and \$30 per prescription, a whopping increase of 40%. I am sure hundreds of state retirees would love to see prices quoted on the bids to the state on popular prescriptions ordered by us senior citizens."

J. Kilday, Medford, MA

Editor's Note: Express Scripts was selected as the new pharmacy vendor based on the value and service they could provide to our members and the state. The decision to change copayments in July 2000 was made by the Commission, independent of the selection of a new pharmacy vendor. The GIC shares your concern about escalating prescription drug costs. From 1996 to 1999, GIC pharmacy costs for the Indemnity Plan and PPO rose an average of 21% per year. Our job is to choose a plan that will minimize the impact of these industry-wide increases on the pocketbooks of all or our members, as well as to obtain the best services for you. The Commission voted to implement a three-tier co-payment structure effective July 1, 2000 to assist with mitigating these costs. Although third tier drugs have a higher co-pay than they did in 1999, equivalent alternatives are available on the lower generic or formulary tiers. Even at the highest non-formulary co-pay level, GIC enrollees pay a fraction of the cost of most prescriptions.

The GIC welcomes your feedback. What did you think of this year's Benefit Decision Guides and their photographs of REAL enrollees? Were the other annual enrollment communication materials helpful? How did you like the extended hours and new locations of the health fairs?

Send letters to the Editor to: Cynthia McGrath, Editor, For Your Benefit, Group Insurance Commission, PO Box 8747, Boston, MA 02114-8747.

(We reserve the right to edit your comments for clarity and space considerations. All letters must be signed with your name and address.)

GIC's Coronary Artery Disease Program Network Expands

Two of the GIC's health plans added Newton-Wellesley Hospital to their network of GIC Coronary Artery Disease Program (CAD) providers. UniCare (the administrator of the Indemnity and PLUS plans) and Tufts Health Plan (administrator of the Commonwealth PPO and Tufts HMO) added Newton-Wellesley hospital to the program. UniCare and Tufts also offer GIC's CAD Program at Beth Israel-Deaconess Hospital in Boston and Baystate Medical Center in Springfield. UniCare also offers the CAD Program at St. Vincent's Hospital in Worcester.

The GIC's other HMOs offer the CAD Program at the following hospitals: Health New England: Baystate. Fallon Community Health Plan: Baystate and St. Vincent's. Harvard Pilgrim Health Care: Beth Israel-Deaconess Boston and Baystate. CIGNA Healthcare: University of Massachusetts/Memorial Health Care in Worcester. Neighborhood Health Plan: Beth Israel-Deaconess Boston.

According to the Centers for Disease Control, approximately 960,000 Americans die of coronary artery disease (CAD) each year, accounting for more than 40% of all deaths. The CDC has found measurable decreases in cardiac events when patients modify their lifestyles. The GIC's CAD Program assists patients to decrease their risk for a cardiac event, focusing on risk factors that can be changed:

- Smoking
- Sedentary lifestyle
- Stress
- High cholesterol
- High blood pressure
- Being overweight

The GIC pays 90% of the CAD Program costs for the Indemnity and PPO Plans. Co-pays vary by each GIC HMO. *If you have a history of heart disease, and believe that you could benefit from this program, call your health plan or doctor for more information.*



Ruthann Boyd, of the Senate Clerk's Office, and Nancy Bolduc (right), GIC Director of Operations, review GIC Benefit Statement information.

Planning to Retire? Take Care of Yourself – Plan Ahead for the Life Style Transition

If you are thinking ahead to retirement, don't forget to think of yourself. Yes, there is paperwork to complete and financial concerns to take care of. But are you ready for a complete change of lifestyle? You may be looking forward to all of that free time ahead, but going from high structure to none at all is a transition that runs smoothest when you prepare for it. Average retirees live 14 to 16 years past retirement. Many live 20 and more years. Take time to shape your retirement and make it a very positive time in your life:

- Eat sensibly
- If you are not already physically active, become so. Find physical activities you enjoy.
- Stay socially, spiritually, and intellectually active - consider joining social clubs
- Don't abuse alcohol or drugs
- Develop unexplored skills and talents such as painting, taking classes, writing a journal, or learning to play an instrument
- Donate your time to volunteer in places that need your talents and experience
- Consider easing into retirement, cutting back hours rather than stopping cold turkey
- Travel — visit friends you haven't seen in a while

Boredom can lead to depression and other health care concerns. However, if you take time to shape retirement to best suit your personality and interests, it can be a rewarding experience. *Indemnity, PLUS and Commonwealth PPO Members can contact United Behavioral Health for assistance with easing into the emotional transition of retirement. If your agency is anticipating a number of retirements, managers and supervisors can access assistance for their employees. Call Susan Cooper at UBH to schedule an appointment for retirement transition planning, or other stress-related seminars: 781-768-2277. Other resources for shaping your retirement time include the National Senior Service Corps: www.cns.gov/senior, the American Association for Retired Persons: www.aarp.org, and Elderhostel: www.elderhostel.org.*



An enrollee discusses annual enrollment forms with the GIC's Judy Settana (right).

Tips For Trips

Avoiding Falls Can Save Your Life

If you are elderly, a fall can be life threatening. Falls are the second leading cause of accidental death in the United States. One third of older adults who fall, sustain a hip fracture and are hospitalized, die within a year. Falls result in health care and rehabilitation costs of \$70 billion per year.

Prevention is the best medicine. Although some of the following tips may require a minor investment, the benefits to your and your family's quality of life is invaluable:

- Stay active — find an activity that you enjoy such as gardening, walking, water aerobics or Tai Chi. Check with your doctor about what is appropriate for you.
- Follow your doctor's orders for medications - be sure your doctor knows all prescription and over-the-counter medicines you are taking to avoid side effects such as dizziness, drowsiness, or low blood pressure
- Has your hearing changed? Call a doctor to have your hearing checked as dizziness can occur with hearing loss.
- Have your eyes examined once a year - seeing your surroundings is key
- Avoid clutter and keep pathways clear
- Check lighting, especially in halls and stairways. Use night lights and have flash lights accessible
- Wear well-fitting slippers and shoes with non skid soles
- If needed, add safety equipment to your bathroom such as grab bars, tub seat, adhesive rubber inserts on the bottom of the tub, and a hand held shower
- Remove or tack down throw rugs
- Add hand rails to all stairs
- Pick up spills immediately

The Centers for Disease Control offers other helpful tools on their web site: www.cdc.gov/ncipc.



Representative Louis L. Kafka (left) (D-Sharon) talks with Ralph White, President of the Retired State, County and Municipal Employees Association Of Massachusetts at the State House GIC Health Fair.



Representative William G. Greene (D-Billerica) gets his blood pressure checked.

Benefit Access

Indemnity & PPO Plans

GIC Indemnity Plan	1-800-442-9300
GIC Indemnity Plan PLUS, Indemnity OME (Medicare Extension)	www.plusaccess.com
Commonwealth PPO (Tufts)	1-800-870-9488 www.tufts-healthplan.com
Mental Health—UBH	1-888-610-9039 www.unitedbehavioralhealth.com
Prescription Drugs—Express Scripts	1-877-828-9744 www.express-scripts.com

GIC HMOs

Aetna U.S. Healthcare	1-800-323-9930 www.aetnaushc.com
CIGNA HealthCare CIGNA CentralCare	1-800-244-1870 www.cigna.com
Fallon Community Health Plan, Fallon Senior Plan Preferred	1-800-868-5200 www.fchp.org
Harvard Pilgrim Health Care GIC Retiree Plan First Seniority	1-888-333-4742 www.harvardpilgrim.org 1-800-421-3550
Health New England, Health New England MedRate	1-800-310-2835 www.healthnewengland.com
Neighborhood Health Plan	1-800-462-5449 www.nhp.org
Tufts Health Plan, Tufts Medicare Complement Tufts Secure Horizons	1-800-462-0224 1-800-867-2000 www.tufts-healthplan.com

Other Benefits

Hartford Life (Long Term Disability)	1-800-322-6222 Not Available
Life Insurance and AD&D	Call the GIC x801 www.state.ma.us/gic
LifeBalance®	1-800-854-1446 www.lifebalance.net
Medicare	1-800-633-4227 www.medicare.gov
State Retirement Board	1-617-367-7770 www.state.ma.us/treasury/srb.htm
Group Insurance Commission TDD/TTY Access	1-617-727-2310 www.state.ma.us/gic 1-617-227-8583

Benefits for Legislature Staff, Executive Offices, & Managers

Delta Dental	1-800-553-6277 www.deltamass.com
Davis Vision	1-800-650-2466 www.davisvision.com

For Your Benefit is published quarterly by the
Massachusetts GROUP INSURANCE COMMISSION
Dolores L. Mitchell, Executive Director
Cynthia McGrath, Editor



Just the Facts on Buckling Up



If you are one of the estimated 50% of Massachusetts drivers who does not wear a seat belt, these facts are for you. Over 41,000 people were killed last year in a car accident. Motor vehicle crashes are the leading cause of injury death in the United States. According to the National Highway Traffic Safety Administration (NHTSA), car crashes create \$3.6 billion annually in health care and other related costs in Massachusetts.

Seat belts, combined with airbags, are the most effective safety devices in vehicles today, estimated to save 9,500 lives each year. Safety belts reduce the risk of fatal injury by 45% and the risk of serious injury by 50 percent, according to the NHTSA. Child safety seats, used correctly, reduce fatal injury by 71 percent for infants and 54 percent for toddlers.

Important Safety Tips:

- Adults should wear a seat belt at all times.
- Children model your behavior; adults who don't buckle up send children the message that it is all right not to wear a seat belt.
- Almost ninety percent of children are buckled when the car's adults wear seat belts. The percentage drops to 76% when adults are not wearing a seat belt.
- Infants age one and younger, or weighing less than 20 pounds, should ride in rear facing child safety seats in the back seat.
- Children weighing 20 to 40 pounds should ride in a booster seat, facing forward in the back seat.
- All children from 40 to 80 pounds and less than 4'9" tall should be properly restrained in a booster seat in the back seat. Children these sizes are usually age four to eight.

Many of GIC health plans offer additional information on car seat safety on their web site (see page five). Fallon Community Health Plan offers a one-hour Child Passenger Safety Class for expectant parents at various locations throughout their service area. Participants learn about the Massachusetts seatbelt and safety seat law and how to correctly install and use a child safety seat. At the completion of the class, participants receive a Century infant/toddler seat. Class costs are: FCHP members - \$45 and Non-Fallon members - \$60. Contact Fallon for additional details: 1-800-891-2300; e-mail: family@fchp.org.



Bob Johnson (left), the GIC's Deputy Director, talks with Dr. Bob Sorrenti, Medical Director of UniCare.

Seat Belts Are Not Enough for Children Ages Four to Eight

The hassle factor of car seats is well known to parents. However, the costs of not using them are immense. A 1997 National Highway Traffic Safety Administration (NHTSA) report found that 56,700 children were seriously injured in a car crash that year despite wearing a seat belt. Many parents mistakenly believe that once a child is five, a seat belt is sufficient to protect their child. The NHTSA report found that 91% of parents use car seats for children age four and under, but the number who used booster seats drops to 5% after age five. "Children under eight sink too low in the seat to use only a seat belt," explained Art Kinsman, Director of Government Affairs for AAA Southern New England. "Although a seat belt is preferable to no restraint at all, a booster seat acts as a critical belt positioning device. A booster seat ensures that the lap and shoulder belts, designed for adults, fit correctly on a child. A booster seat prevents serious abdominal and neck injuries that can result in a crash when a child is only restrained with a seat belt."



Bob Joyce, Legislative Payroll Coordinator, GIC Executive Director, Dolores L. Mitchell, and Senator John J. Binienda (D-Worcester) at the State House GIC Health Fair.



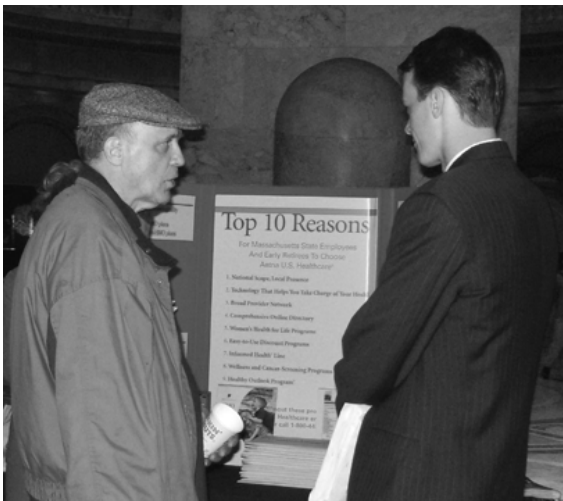
Retiree Dental/Vision Plan Update



As part of the FY '01 budget, the Legislature authorized the GIC to study the feasibility for a retiree pay-all Dental/Vision plan. Under this plan type, participants would pay 100% of the premium. The federal Medicare program does not include dental/vision benefits and many state retirees do not have dental/vision benefits, and have requested such coverage.

Last fall the GIC hired the consulting firm Boston Benefit Partners to analyze retiree and provider interest in, and the feasibility of, a retiree pay-all program. The GIC staff and BBP, in cooperation with the Retired State, County and Municipal Employees Association of Massachusetts, developed a survey to explore retiree interest and ability to pay for dental/vision benefits. This was sent to a random sample of 5,000 retirees in March 2001. Remarkably, forty percent responded and more than three-quarters of respondents were interested in a retiree dental/vision program. Respondents were highly likely to use dental/vision services. However, almost half said the survey's estimated \$35, \$40 and \$50 monthly dental insurance premiums were unaffordable. Vision benefits, with much lower premiums, were found to be more affordable.

Boston Benefit Partners estimated that indemnity dental premiums for individual coverage similar to the GIC dental/vision plan for non-union employees would be over \$660 per year. As dental plans limit coverage to an annual maximum benefit, usually \$1000, they predicated that only those retirees with extensive dental needs would participate. Compounding these cost barriers, insurance carrier interest in the proposed pay-all retiree program was low. Potential carriers' estimated premiums were high, and many would mandate a minimum number of enrollees as a condition of even offering coverage.



An enrollee asks Kevin Keyo (right) about Aetna US Healthcare benefits.



Representative Marie J. Parente (left) (D-Milford) has her cholesterol checked by a Pfizer representative.

The GIC also reviewed retiree dental programs in other states. New York, New Hampshire and Maine offer a retiree pay-all dental plan and none achieved a participation rate of higher than 15%.

After discussing these findings, the Group Insurance Commission determined that we would take the following steps:

- Allow retirees to elect either dental and/or vision insurance, unlike the current GIC program for non-union active employees
- Begin negotiations with the GIC's current vision vendor for a discounted eyewear program for retirees that offers deeper discounts than those already available in the market. This program may be operational by this fall.
- Use the upcoming active employee dental plan procurement process to increase carrier interest in a retiree plan and consider offering a plan with a limited network that is more affordable. This program would not be available before July 2002.



Commissioner of Insurance, Linda Ruthardt gathering materials at the State House GIC Health Fair.

KEEP IN MIND...

PLEASE REMEMBER TO NOTIFY THE GIC IF YOU:

- ◆ Have a baby
- ◆ Add dependents or spouse
- ◆ Get divorced
- ◆ Move

Active employees must notify the Group Insurance Coordinator where they work of family changes. Retirees must call their health plan and notify the GIC in writing.



*GIC Commissioner,
Richard Waring,
NAGE, attending a
GIC health fair.*

DEPENDENT COVERAGE

Unmarried dependent coverage ends at the end of the month the dependent turns 19. If the dependent is a full-time student, the State insured must apply to the GIC for student coverage and, if approved, must recertify student eligibility twice a year.

*For additional information, call the
Group Insurance Commission
617-727-2310 extension 801.*

BEFORE YOU RETIRE

Within three months of retiring from state service, be sure to do the following:

- 1) Call or visit the State Retirement Board at 617-367-7770, One Ashburton Place in Boston for retirement counseling. See their web site at www.state.ma.us/treasury/srb.htm.
- 2) Evaluate your health and optional life insurance options. Complete and submit the corresponding GIC forms available through your worksite's GIC Coordinator.
- 3) If you are age 65 and over, call or visit your local Social Security Office (see phone book blue pages, or go to www.ssa.gov) for confirmation of Social Security & Medicare benefit eligibility. Fill out and submit the forms.

This will help ensure seamless life and health insurance benefits until your retirement is approved.

Inside...

- ▶ For The Little Worries and The Big Ones GIC
- ▶ Enrollees Now Have Free LifeBalance® Benefit
- ▶ Retiree Dental/Vision Plan Update
- ▶ Planning to Retire? Take Care of Yourself - Plan Ahead for the Life Style Transition
- ▶ Apply for \$2500 Scholarship
- ▶ Just the Facts on Buckling Up

Providing Massachusetts State Employees, Retirees, and Their Dependents with Access to Quality Health Care at a Reasonable Cost

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